

Complete Summary

TITLE

Diagnosis and management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents: percentage of patients diagnosed with ADHD whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jan. 69 p. [131 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD.

RATIONALE

The priority aim addressed by this measure is to increase the number of clinicians who are utilizing a multimodality approach in treatment planning for children with attention deficit hyperactivity disorder (ADHD).

PRIMARY CLINICAL COMPONENT

Attention deficit hyperactivity disorder (ADHD); school-based supports; educational service options

DENOMINATOR DESCRIPTION

Total number of attention deficit hyperactivity disorder (ADHD) patients whose medical records are reviewed (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of medical records of attention deficit hyperactivity disorder (ADHD) patients with documentation of discussion of the need for school-based supports and educational service options (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 5 to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Attention deficit hyperactivity disorder (ADHD) is a high prevalence condition ranging in school aged children from 3% to 5%, based on previous diagnostic criteria, to 11% to 12%, based on more recent Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition/Diagnostic and Statistical Manual for Primary Care (DSM-IV/DSM-PC) criteria.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jan. 69 p. [131 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Attention deficit hyperactivity disorder (ADHD) is a high prevalence condition with many potential medical, emotional-behavioral, social, and academic consequences for a child or adolescent.

Behavioral manifestations of ADHD in adolescence include insatiability and restlessness, behavioral impulsivity, risk-taking behaviors, low self-esteem, weak reinforcibility, loss of motivation, social failure, antisocial behavior, alcohol or drug abuse, motor vehicle accidents, and school drop-out. ADHD may impact the academic performance of the adolescent, with associated difficulties such as memory problems, cognitive fatigue, fine motor dysfunction, or ineffective self-monitoring resulting in "careless" errors, performance inconsistency, task impersistence, and inattention to detail.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jan. 69 p. [131 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All children and adolescents from kindergarten through 12th grade (ages 5 to 18) diagnosed with attention deficit hyperactivity disorder (ADHD)

Medical groups may identify their patient samples in several ways. One way is to use available information systems to identify patients with ADHD from all payers. A minimum sample of 10 charts is suggested.

Suggested data collection time frame is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of attention deficit hyperactivity disorder (ADHD) patients whose medical records are reviewed*

*ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Diagnosed is defined as documented ADHD in the past 6 to 12 months.

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of medical records of attention deficit hyperactivity disorder (ADHD) patients with documentation of discussion of the need for school-based supports and educational service options

*Documented is defined as any evidence in the medical record that a clinician discussed school-based supports and educational service options.

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients diagnosed with ADHD whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD.

MEASURE COLLECTION

[Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School Age Children and Adolescents Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jan. 69 p. [131 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients diagnosed with ADHD whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD," is published in "Health Care Guideline: Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School Age Children and Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org

NQMC STATUS

This NQMC summary was completed by ECRI on March 15, 2005.

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